DEC 2 2 2008

PATENT

Attorney Docket No.: 560

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Avi AVRAMOFF

GROUP NO .:

4173

SERIAL NUMBER:

10/575,809

CONFIRMATION

5244

NO:

FILING DATE:

01-Nov-04

EXAMINER:

WESTERBERG,

Nissa M.

TITLE:

STABLE LANSOPRAZOLE FORMULATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R.§ 1.8

Sir:

I hereby certify under 37 C.F.R.§1.8 that the enclosed correspondence is being facsimile transmitted to the USPTO on the date indicated below to 1-571-273-8300, including this page, 1 page of fee transmittal, 1 credit card payment page, 1 page of petition for extension of time, and 22 pages of response, for a total of 26 pages.

Respectfully submitted,

Date: 22-Dec-08 Customer No. 77345 Reg. No. 40,000 Tel. No. (301) 952-1011

Fax No. (301) 952-9023

D'vorah Graeser Agent for Applicant Dr. D. Graeser Ltd 9003 Florin Way Upper Marlboro, MD

Attachment

RECEIVED CENTRAL FAX CENTER

DEC 2 2 2008

PATENT

Attorney Docket No.: 560

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Avi AVRAMOFF

GROUP NO.:

4173

SERIAL NUMBER:

10/575,809

CONFIRMATION

5244

NO:

FILING DATE:

01-Nov-04

EXAMINER:

WESTERBERG,

Nissa M.

TITLE:

STABLE LANSOPRAZOLE FORMULATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R.§ 1.8

Sir:

I hereby certify under 37 C.F.R.§1.8 that the enclosed correspondence is being facsimile transmitted to the USPTO on the date indicated below to 1-571-273-8300, including this page, 1 page of fee transmittal, 1 credit card payment page, 1 page of petition for extension of time, and 22 pages of response, for a total of 26 pages.

Respectfully submitted,

Date: 22-Dec-08 Customer No. 77345 Reg. No. 40,000

Tel. No. (301) 952-1011

Fax No. (301) 952-9023

D'vorah Graeser Agent for Applicant Dr. D. Graeser Ltd 9003 Florin Way Upper Marlboro, MD

Attachment

CENTRAL FAX CENTER

DEC 2 2 2008

Under the Paperwo	ork Reduction Act of	1995 no perso	: one are roculred to r	U.S.	Petent and Tre	temark Office): U.S. DEPAR	/30/2010. OMB 0851-0032 RTMENT OF COMMERCE valid OMB control number	
Effective on 12/08/2004.					Complete if Known				
Fees pursuant to th	Application	n Number	10/575,809						
FEE TRANSMITTAL				Filing Dat	е .	01-Nov-2004			
For FY 2009					ed Inventor.	Avi AVRAMOFF			
					Name	WESTERBERG, Nissa M			
Applicant daims small entity status. See 37 CFR 1.27				Art Unit		4173			
TOTAL AMOUNT OF PAYMENT (\$) 1550.00					Docket No.	560			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s). Credit any overpayments									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public, Crodit card information should not be included on this form. Provide credit card information and authorization on PTC-2038.									
FEE CALCULATION									
1. BASIC FILIN		NG FEES	SEA	RCH FEES		MINATION			
Application_T	у <u>ре</u> <u> </u>	Small En \$) Fee (\$		<u>Smail Er</u> 5) <u>Feo (</u> \$		<u> Small</u> (S) <u>Fee</u>		Fees Paid (\$)	
Utility	330			270	-				
Design	220		. 100	50	. 14		0		
Plant	220		. 330	165	17	0 8	5 .		
Reissue	330	165	540	270	65	_			
Provisional	220	110	0	0			0 .	·.	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) HP = highest number of Independent claims peed for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets - 100 = 4. OTHER FEE(8) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3 Months Late Extension Fees. \$1110.00									
AND HETTO PA									
Signature		-		Registratio	n No. ent) 40,000		Telephone	301-952 1011	
	(Attorney/Agent) 40,000 Pale 301-952 1011 Dr. D'vorah Grøeser Date: 22-Dec-08							· · · · · · · · · · · · · · · · · · ·	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the inclividual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patern and Trodemark Office, U.S. Opentment of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Signature

CENTRAL FAX CENTER

DEC **2 2** 2008

FTO/SB/17 (10-08)

Approved for use through 08/30/2010. OMB 0851-0032
U.S. Petent and Trademark Offico; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1985 no persons are required to respond to a collection of information unless it display Complete if Known Effective on: 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/575,809 Application Number Filing Date 01-Nov-2004 For FY 2009 First Named Inventor AV AVRAMOFF Examiner Name WESTERBER<mark>G, Nissa M</mark> Applicant claims small entity status. See 37 CFR 1.27 Art Unit 4173 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 560 METHOD OF PAYMENT (check all that apply) Check Credit Card Money.Order Other (please identify): None. Deposit Account Deposit Account Number; Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fée(s) indicated below Charge fee(s) Indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Crodit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Fee (\$) Fee (\$) Fees Paid (\$) Application Type Fea (5) Fee (\$) Eqq. (\$) Foo (\$) 330 540 220 Utility 165 270 110 220 140 70 Design 100 50 220 170 85 Plant 110 330 165 Reissue 330 165 540 270 650 325 Provisional 220 110 0 n Small Entity 2. EXCESS CLAIM FEES Fee (5) Fee_(\$) Fee Description Each claim over 20 (including Reissues) 52 - 26 220 110 Each independent claim over 3 (including Reissues) 195 Multiple dependent claims 390 **Multiple Dependent Claims** Total Claims Fee Paid (5) Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = Feq (\$) HP = highest number of total claims paid for, if greater than 20. indep. Claims Extra Claims Fee (\$) Fee Pald (\$) 220. HP = highest number of independent daims paid for, if greater than 3, APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CPR 1.16(s).

Total Sheets Number of each additional 50 or fraction thereof Fee"(\$) /50= (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$1110.00 Other (e.g., late filing surcharge): 3 Months Late Extension Fees SUBMITTED BY

(Attorney/Agent) Date: 22-Dec-08 Name (Print/Type) Dr. D'vorah Graeser

Registration No. 40,000

Telephone 301-952 1011

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information officer. U.S. Patient and Troctemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.